

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |                                     |   |                      |   |   |    |   |   |   |   |
|---|-----------------------------------|-------------------------------------|---|----------------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>1-12-04</u>                     |                                   | 2 Serial/Patent # <u>09/779,237</u> |   |                      |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER                      | 5 DATE FILED  | 6 AMOUNT             |   |   |    |   |   |   |   |
|   | Filing                            |                                     |   | \$                   |   |   |    |   |   |   |   |
|   | Amendment                         |                                     |   | \$                   |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | Extension of Time                 |                                     | 12/29/03  | \$ 530 <sup>00</sup> |   |   |    |   |   |   |   |
|   | Notice of Appeal/Appeal           |                                     |   | \$                   |   |   |    |   |   |   |   |
|   | Petition                          |                                     |   | \$                   |   |   |    |   |   |   |   |
|   | Issue                             |                                     |   | \$                   |   |   |    |   |   |   |   |
|   | Cert of Correction/Terminal Disc. |                                     |   | \$                   |   |   |    |   |   |   |   |
|   | Maintenance                       |                                     |   | \$                   |   |   |    |   |   |   |   |
|   | Assignment                        |                                     |   | \$                   |   |   |    |   |   |   |   |
|   | Other                             |                                     |   | \$                   |   |   |    |   |   |   |   |
| 7 TOTAL AMOUNT OF REFUND                              |                                   |                                     | \$ 530 <sup>00</sup>  |                      |   |   |    |   |   |   |   |
| 8 TO BE REFUNDED BY:                                  |                                   |                                     |   |                      |   |   |    |   |   |   |   |
| 10 REASON:  |                                   | Treasury Check                      |   |                      |   |   |    |   |   |   |   |
|   | Overpayment                       | <input checked="" type="checkbox"/> | Credit Deposit A/C #:   |                      |   |   |    |   |   |   |   |
|   | Duplicate Payment                 |                                     | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>8</td><td>--</td><td>2</td><td>2</td><td>8</td><td>4</td></tr></table> |                      | 1 | 8 | -- | 2 | 2 | 8 | 4 |
| 1   | 8                                 | --                                  | 2   | 2                    | 8 | 4 |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | No Fee Due (Explanation):         |                                     |   |                      |   |   |    |   |   |   |   |
| outside the response status period.                   |                                   |                                     |   |                      |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |                                   |                                     |   |                      |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Wan Layman</u>                 |                                   | TITLE: <u>pl. Gen.</u>              |   |                      |   |   |    |   |   |   |   |
| SIGNATURE: <u>Wan Layman</u>                          |                                   | PHONE: _____                        |   |                      |   |   |    |   |   |   |   |
| OFFICE: _____   |                                   |                                     |   |                      |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |                                     |   |                      |   |   |    |   |   |   |   |
| APPROVED: <u>[Signature]</u>                          |                                   | DATE: <u>1/13/04</u>                |   |                      |   |   |    |   |   |   |   |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B